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CONFIRMATION NO. 6293

Bib Data Sheet

SERIAL NUMBER 10/721,895	FILING DATE 11/26/2003 RULE	CLASS 606	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. 8932-803-999
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of PCT/CH01/00327 05/28/2001

OK (M)

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

Nurs (M)

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/24/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature (M) Initials (M)	SWITZERLAND	3	39	2

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## TITLE

Bone plate

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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